

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

Registration District No.

318

Primary Registration District No.

1003

Registration District No.

5822

STATE FILE NUMBER

37 022477

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2832, A. DELMAR BLVD		Length of stay in lb 50 Years		d. STREET ADDRESS 2832, A. DELMAR BLVD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Lizzie EATON				4. DATE OF DEATH Month 6 Day 18 Year 1957			
5. SEX 3 FEMALE		6. COLOR OR RACE COL.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 5 / 9 / 1898	
9. AGE (In years last birthday) 59		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Domesticts		11. BIRTHPLACE (City and state or country) COLLINVILLE TENN.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME JOHN MARTIN			
14. MOTHER'S MAIDEN NAME MOLLIE MAGHIRE				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE			
16. SOCIAL SECURITY NO. ?				17. INFORMANT William Eddabough Address 3009 THOMAS STREET			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 44 3x							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. Month p. m. Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. STATE	
21. I attended the deceased from Jan 55 to June 18 57 and last saw her alive on June 18 57 Death occurred at 4 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walter A. Young M.D.				22b. ADDRESS 2337 Market St. St. Louis		22c. DATE SIGNED 6/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 6/24/57		23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS Missouri	
24. FUNERAL DIRECTOR John H. Benson ADDRESS 2812, Thomas ST				25. DATE RECD. BY LOCAL REG. JUN 22 57		26. REGISTRAR'S SIGNATURE J. Earl Smith M.D.	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. H. 4

P. O. Address 2812 Pho

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.